STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011914	A. BUILDING: _____ B. WING _____	C 05/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWN POINTE SENIOR LIVING COMMUNITY	1034 CROWN POINTE BLVD GREENSBURG, IN 47240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00128757. Complaint IN00128757 - Unsubstantiated due to lack of evidence. Survey date: May 21, 2013 Facility number: 011914 Provider number: 011914 AIM number: N/A Survey team Barbara Gray RN Census bed type: Residential: 30 Total: 30 Census payor type: Medicaid: 8 Other: 22 Total: 30 Sample: 3 Crown Pointe Senior Living Community was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00128757. Quality Review 05/22/13 by Lisa McColly	R 000		